

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **CHRISTOPHER P. RHODES, ESQ.**      *Phone:* **4018859393**

## CONTACT INFORMATION

*Contact name:* **HARRINGTON & RHODES, LTD.**

*Street #1:* **2750 SOUTH COUNTY TRAIL**

*City:* **EAST GREENWICH**    *State:* **RI**    *ZIP:* **02818**    *Country:* **USA**

*Notification Method:* **E-MAIL**    *Email:* **CRHODES@H-RLAW.COM**

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## DEBTOR INFORMATION

*Org. Name:* **GOODISON, LLC**

*Mailing Address1:* **244 BURLINGHAM AVENUE**

*City:* **NORTH KINGSTOWN**    *State:* **RI**    *ZIP:* **02852**    *Country:* **USA**

*Org. Name:* **J. GOODISON COMPANY**

*Mailing Address1:* **125 ZARBO AVENUE**

*City:* **NORTH KINGSTOWN**    *State:* **RI**    *ZIP:* **02852**    *Country:* **USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **OCEAN STATE BUSINESS DEVELOPMENT AUTHORITY, INC.**

*Mailing Address1:* **155 SOUTH MAIN STREET, SUITE 403**

*City:* **PROVIDENCE**    *State:* **RI**    *ZIP:* **02903**    *Country:* **USA**

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## ASSIGNEE INFORMATION

*Org. Name:* **U.S. SMALL BUSINESS ADMINISTRATION C/O OCEAN STATE BUSINESS DEVELOPMENT AUTHORITY, INC.**

*Mailing Address1:* **155 SOUTH MAIN STREET, SUITE 403**

*City:* **PROVIDENCE**    *State:* **RI**    *ZIP:* **02903**    *Country:* **USA**

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**TRANSACTION TYPE: STANDARD**

**COLLATERAL IS / ADMINISTERED BY:**

**ALTERNATIVE DESIGNATION:**

**COLLATERAL**

Collateral means: (a) All equipment and machinery, including power-driven machinery and equipment, furniture and fixtures now owned or hereafter acquired, together with all replacements thereof, all attachments, accessories, parts and tools belonging thereto or for use in connection therewith.